

**HEWLETT-WOODMERE OFFICE OF COMMUNITY EDUCATION & SERVICES
APPLICATION FOR SUMMER PLAYSCHOOL SCHOLARSHIP**

RETURN TO: HEWLETT-WOODMERE COMMUNITY EDUCATION & SERVICES, ONE JOHNSON PLACE, WOODMERE, NY

DEADLINE FOR APPLICATION: APRIL 1, 2026

APPLICANT'S NAME (Parent or Guardian): _____

STUDENT/S FOR WHOM A SCHOLARSHIP IS BEING REQUESTED _____

ADDRESS: _____ TOWN: _____ ZIP: _____

HOME PHONE: _____ CELL: _____ WORK: _____

EMAIL: _____

List the names of dependents and all family members residing in the household of the above-named applicant. List the first and last names of dependent children, along with their age and grade for September 2026.

NAME

Spouse: _____

	Age _____	Grade _____
	Age _____	Grade _____
	Age _____	Grade _____
	Age _____	Grade _____

ARE ANY OF THE DEPENDENTS LISTED ABOVE A FOSTER CHILD? Yes No

YOUR GROSS TOTAL HOUSEHOLD EARNINGS FOR YEAR ENDING DECEMBER 31, 2025: \$ _____

YOUR CURRENT MONTHLY INCOME FROM ALL SOURCES: \$ _____

YOU MUST PROVIDE A COPY OF YOUR 2024 or 2025 IRS TAX RETURN INCLUDING A W-2/1099 OR CURRENT PAY STUB, AND A CURRENT UTILITY BILL.

PLEASE ATTACH ANY SUPPORTING DOCUMENTATION (i.e. loss of employment).

PLEASE CHECK IF YOU OR ANY OF YOUR DEPENDENTS ARE RECEIVING ANY OF THE LISTED BENEFITS:

- Social Security Benefits Section 8 Housing Food Stamps Free or Reduced School Lunch

YOU MUST COMPLETE A "CONSENT TO RELEASE FREE OR REDUCED PRICE ELIGIBILITY INFORMATION" FORM.

THIS APPLICATION MUST BE SIGNED BY APPLICANT(S).

I certify that all information on this application is true, and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

I ALSO PERMIT SCHOOL OFFICIALS, INCLUDING DISTRICT CAFETERIA STAFF, TO RELEASE INFORMATION THAT DEMONSTRATES THAT MY CHILDREN ARE ELIGIBLE FOR FREE OR REDUCED PRICE MEALS OR FREE MILK. I UNDERSTAND THIS INFORMATION WILL ONLY BE PROVIDED TO THE OFFICE OF COMMUNITY EDUCATION & SERVICES.

Applicant's Signature _____

Date _____

For Community Education & Services Use Only

Eligibility Request Approved: _____ Eligibility Request Denied: _____ Reason: _____

Application processed by: _____

Hewlett-Woodmere Public Schools

(Check the box next to the program area(s) you wish to release information to)

- Federal health programs such as Medicaid or Children's Health Insurance Program (CHIP).
- State or federal programs such as the Youth Summer Work Program or the Educational Talent Search Program.
- Local health and education programs and the other local programs that provide benefits such as free textbooks or school supplies, free band instruments, or reduced fees for summer school or driver education.
- Community programs such as holiday baskets, summer arts and playground programs.

I understand that I will be releasing information that will show that my child/children are eligible for free and reduced price meals or free milk. I give consent to release my confidential information for the above named uses.

Child/Children:

I certify that I am the child's parent/guardian for whom the application was made.

Signature of Parent/Guardian: _____

Print Name: _____

Address: _____

Phone Number: _____

Date: _____

Non-Discrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; (3) email: program_intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender.

CONSENT TO RELEASE FREE OR REDUCED PRICE ELIGIBILITY INFORMATION

School officials may release information that shows that my child/children are eligible for free or reduced price meals or free milk to the following programs. I understand that the information will only be provided to the program(s) checked.

- I do not want to have my information shared with any other program

- Federal health programs such as Medicaid or Children's Health Insurance (CHIP).
- Any State or Federal programs
- Local health and education programs and other local programs that provide benefits such as free textbooks, school supplies, waived fee for instrument rentals, or educational field trips.
- Scholarships may be available for community programs such as summer recreation, swimming lessons, and sports and games programs.

I understand that I will be releasing information that will show that my child/children are eligible for free and reduced price meals or free milk for my child. I give up my right to confidentiality for the program(s) checked.

Name of Child: _____ School: _____
Name of Child: _____ School: _____
Name of Child: _____ School: _____
Name of Child: _____ School: _____

I certify that I am the child's parent/guardian for whom the application was made.

Signature of Parent/Guardian: _____

Print Name: _____

Address: _____

Phone Number: _____

Date: _____